

**Northwest Community EMS System  
Physician/Nurse Prehospital Observation Experience  
WAIVER OF LIABILITY**

For and in consideration of the undersigned being given the opportunity of observing EMS operations and functions of the \_\_\_\_\_ (EMS Agency) by riding on an ambulance, the undersigned in order to avail himself/herself of said opportunity, recognizes and assumes any/all risks pertaining thereto, and hereby releases that agency and/or the Village/Community of \_\_\_\_\_ from any and all liability whatsoever for any injuries, death, damages and/or claims the undersigned may incur while in and about any firehouse, ambulance or any other equipment, or in any other way during the course of the observation, training and studies by the undersigned.

In addition to the above, I am aware that there are situations that may arise in which an injury may occur while responding to calls in the out-of-hospital environment and/or riding on the ambulance. Some of these include but are not limited to exposure to all hazards and communicable diseases, hostile and abusive crowds; scenes where shootings, stabbings or other violence has already or is occurring as one arrives; walking into poorly lit and poorly maintained buildings; and possibly being in an ambulance when it is involved in a collision.

I understand that the host EMS Agency/Village of \_\_\_\_\_ will accept **NO** liability for any illness/injury I incur.

**IN WITNESS WHEREOF, THE UNDERSIGNED HAS AFFIXED HIS/HER HAND THIS**

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
PRINT name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Witness name (PRINT)

\_\_\_\_\_  
/ Signature